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Mail Stop Non-Fee Amendment
Commissioner for Patents,
P.O. Box 1450
Alexandria, Virginia 22313-1450

THOMAS J. TIGHE
(Applicant, Assignee, Registered
Representative)

Thomas J. Tighe
(Signature)

Mailed on: 10-16-03

Signed on: 10-16-03

In re Patent Application of: Mark Hamilton Jones
Serial No.: 09/810,800 - Filed: March 15, 2001 - Group Art Unit: 3711 - Examiner: Vishu K. Mendiratta
For: CASINO STYLE GAME OF CHANCE APPARATUS

Assistant Commissioner for Patents
WASHINGTON, D.C. 20231

Sir:

Transmitted herewith is an Amendment in the above-identified application.

- ☐ Applicant is a small entity - Verified Statement:
☐ is attached.
☒ has already been filed.

In Addition to the Amendment, the following documents are enclosed:

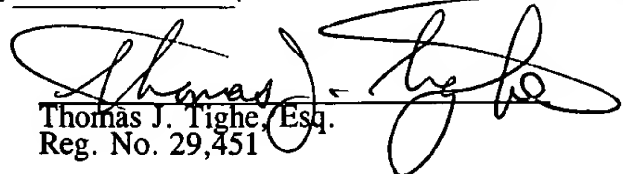
- ☒ Self-addressed postcard for acknowledging receipt
☐ Petition for extension of time (_____ months)
☐ Other: _____

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Calculation of Additional Claim and/or Extension Fees						
(1) Claims	(2) Remaining after amend.	(3)	(4) Highest No. Previously Paid for	(5) Extra	(6) Entity: a (Small) or b (Large)	(7) Fee/Rate
Total	20	Minus	14	X	a \$9 b \$18	\$0
Independent	3	Minus	1	X	a \$43 b \$86	\$0
For the addition of multiple dependent claims, add					a \$145 b \$290	
Extension Fees (select only one)					One month a \$55 b \$110	
					Two months a \$210 b \$420	
					Three months a \$475 b \$950	
Total Additional Fee						\$0

- ☒ No additional fee is required.
☐ Fee check in the amount of \$_____ is enclosed (includes any claim fees and/or extension fees).
☐ The Commissioner is hereby authorized to charge payment to any additional fees required under 37 CFR 1.16, or credit any overpayment to Deposit Account No. _____. A duplicate of this sheet is enclosed.
☐ This Amendment is being sent by facsimile transmission on _____.

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Reg. No. 29,451